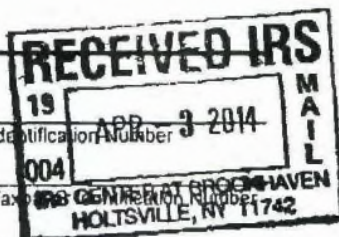


# EXHIBIT D

## Collection Information Statement



Name(s) and Address  
James D. Pieron Jr.  
[REDACTED]  
Mt. Pleasant, MI 48858

Your Social Security Number or Individual Taxpayer Identification Number  
[REDACTED] 2111

Your Spouse's Social Security Number or Individual Taxpayer Identification Number  
[REDACTED] 11742

☐ If address provided above is different than last return filed, please check here

County of Residence

Isabella

Your Telephone Numbers

Home: [REDACTED] 2400

Work:

Cell: [REDACTED] 2400

Spouse's Telephone Numbers

Home:

Work:

Cell:

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 1 65 and Over

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
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**A. ACCOUNTS / LINES OF CREDIT** Include checking, online, mobile (e.g., PayPal) and savings accounts, Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
PNC Bank	[REDACTED] 7597	Checking	108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
None		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other						

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
Car (VW)	0	2011	/	25,000	0	25,000
Navitas Investments	0	2010	/	1,000	0	1,000
Kompique, Inc.	0	2010	/	250,000	0	250,000
Used fitness equipment	0	2011	/	20,000	0	20,000
			/			
			/			
			/			

NOTES (For IRS Use Only)

TURN PAGE TO CONTINUE



**D. CREDIT CARDS** (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
None			

**E. BUSINESS INFORMATION** Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments.**E1. Accounts Receivable owed to you or your business**

Name	Address	Amount Owed
None		

List total amount owed from additional sheets

Total amount of accounts receivable available to pay to IRS now

**E2. Name of individual or business on account**

Credit Card (Visa, MasterCard, etc.)	Issuing Bank Name and Address	Merchant Account Number

**F. EMPLOYMENT INFORMATION** If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address)

Institutional Liquidity LLC  
3777 Sparks Dr. Ste. 02  
Grand Rapids, MI 49546

Spouse's current Employer (name and address)

How often are you paid? (Check one)

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☒ Monthly

Gross per pay period 7,500

Taxes per pay period (Fed) 1,000 (State) 500 (Local)

How long at current employer 4 yrs

How often are you paid? (Check one)

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Gross per pay period

Taxes per pay period (Fed) (State) (Local)

How long at current employer

**G. NON-WAGE HOUSEHOLD INCOME** List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income	Net Rental Income	Interest/Dividends Income
Child Support Income	Unemployment Income	Social Security Income
Net Self Employment Income	Pension Income	Other:

**H. MONTHLY NECESSARY LIVING EXPENSES** List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.

Food	1,000
Housekeeping Supplies	200
Clothing and Clothing Services	200
Personal Care Products & Services	200
Miscellaneous	100
<b>Total</b>	<b>1,700</b>

## 3. Housing &amp; Utilities

Rent	1,200
Electric, Oil/Gas, Water/Trash	400
Telephone/Cable/Internet	500
Real Estate Taxes and Insurance (if not included in B above)	
Maintenance and Repairs	
<b>Total</b>	<b>2,100</b>

## 5. Other

Child / Dependent Care	
Estimated Tax Payments	
Term Life Insurance	
Retirement (Employer Required)	
Retirement (Voluntary)	
Union Dues	
Delinquent State & Local Taxes (minimum payment)	
Student Loans (minimum payment)	
Court Ordered Child Support	
Court Ordered Alimony	
Other Court Ordered Payments	
Other (specify)	
Other (specify)	
Other (specify)	

## 2. Transportation

Gas/Insurance/Licenses/Parking/ Maintenance etc.	500
Public Transportation	

## 4. Medical

Health Insurance	
Out of Pocket Health Care Expenses	50

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your Signature

Spouse's Signature

Date

27-MAR-14